

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Winkelmann

or

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Francisca Moreno If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec 3<sup>rd</sup> 1926  
Month Day Year8. FATHER Full name Lauro Moreno 14. MOTHER Full maiden name Feliciana Moreno9. Residence (Usual place of abode) Winkelmann Ariz 15. Residence (Usual place of abode) Winkelmann Ariz  
If nonresident, give place and state10. Color or race Mex 11. Age at last birthday 38 (Years) 16. Color or race Mex 17. Age at last birthday 21 (Years)12. Birthplace (city or place) Magdalena Mex Rep 18. Birthplace (city or place) Aravaipa Arizona  
(State or country)13. Occupation Smelter Laborer 19. Occupation Housewife  
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 4 a m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. Lucia Humphrey (Physician or midwife) midwife  
Address Winkelmann Ariz.

Given name added from a supplemental report \_\_\_\_\_

Month, day, year.

Filed

Jan 5, 1927

Filed

19. \_\_\_\_\_

Local Registrar

County Registrar

Registrar.

446-1203-646